

DOCKET NO. *RM-11288*

Ce/c 263

**CERTIFIED
MAIL**

ORDER DATED <i>11/4/05</i>
ECC <i>05-2915</i>
MIMEOGRAPH NO.

RM-11228
Jerold D. Miller
Miller & Neely, P.C.
6900 Wisconsin Ave.
Suite 704
Bethesda, MD 20815

REQUESTED

C. R. R. NO.

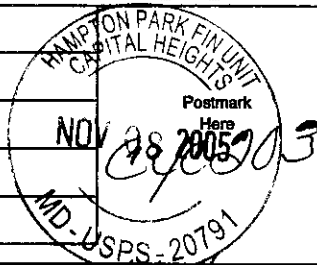
BY

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees \$



Sent To *Jerold D. Miller*
Street, Apt. No.,
or PO Box No. *6900 Wisconsin Ave 704*
City, State, ZIP+4 *Bethesda, MD 20815*

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

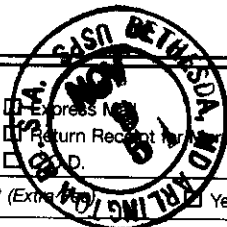
1. Article Addressed to:

RM-11228
Jerold D. Miller
Miller & Neely, P.C.
6900 Wisconsin Ave.
Suite 704
Bethesda, MD 20815

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
11-9-05
C. Signature *[Signature]* ☐ Agent
☐ Addressee
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Signature Required
4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952